

# Recipient-Related Information

Wisconsin Medicaid providers should verify recipient eligibility and any limitations to the recipient's coverage *before* providing service.

## Eligibility for Wisconsin Medicaid and BadgerCare

Wisconsin Medicaid issues identification cards to recipients who meet eligibility criteria and are enrolled in Wisconsin Medicaid and BadgerCare. Identification cards are mailed to recipients when they become eligible for these programs. Each recipient has his or her own card.

## Recipient Eligibility Verification

Wisconsin Medicaid providers should verify recipient eligibility and any limitations to the recipient's coverage *before* providing service. Providers can verify eligibility by accessing the Eligibility Verification System (EVS) for Wisconsin Medicaid recipients. The five eligibility verification methods include:

1. A card reader that may be purchased through a commercial eligibility verification vendor.
2. Personal computer software that may be purchased through a commercial eligibility verification vendor.
3. Wisconsin Medicaid's Automated Voice Response (AVR) system.
4. Wisconsin Medicaid Provider Services.
5. The Direct Information Access Line with Updates for Providers (Dial-Up).

See the All-Provider Handbook for more detailed information on EVS and eligibility for Wisconsin Medicaid. For telephone numbers regarding recipient eligibility, refer to the page of Important Telephone Numbers at the beginning of this section.

## Recipient Copayments

Personal care services reimbursed by Wisconsin Medicaid do not require recipient copayment. However, disposable medical supplies (DMS) reimbursed by Wisconsin

Medicaid do require recipient copayment. Refer to DMS publications, the All-Provider Handbook, and the Wisconsin Medicaid web site at [www.dhfs.state.wi.us/medicaid](http://www.dhfs.state.wi.us/medicaid) for more information.

## Recipients Enrolled in Wisconsin Medicaid-Contracted Managed Care Programs

Wisconsin Medicaid requires providers to verify the recipient's current eligibility for Wisconsin Medicaid-contracted managed care program coverage before providing services. Wisconsin Medicaid denies claims submitted for services covered by Medicaid-contracted managed care programs.

Personal care claims must be submitted to the managed care program if the recipient is enrolled in a managed care program. The contract between the managed care program and the certified provider establishes all conditions of payment and prior authorization for personal care services.

Providers should refer to the Wisconsin Medicaid Managed Care Guide for additional information about noncovered services, emergency services, and hospitalizations in managed care.

## Recipient Rights

Personal care recipients have the same rights afforded to all Wisconsin Medicaid recipients as detailed in HFS 104, Wis. Admin. Code. According to HFS 105.17(1), Wis. Admin. Code, personal care providers are also required to:

- Document a grievance mechanism to resolve recipients' complaints about personal care services, including a personal care provider's decision not to hire a recipient's choice of a personal care worker (PCW).

- Document a quality assurance mechanism and quality assurance activities.
- Give full consideration to a recipient's preferences for service arrangements and choice of PCW(s).

Providers should provide recipients with the Wisconsin Medicaid telephone number available to them for assistance. Recipient Services can be reached at (800) 362-3002 or (608) 221-5720.

Providers should provide recipients with the Wisconsin Medicaid telephone number available to them for assistance.